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|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------|-------------------------------|------------------------------|------------------|------------|------------------------------|------------------------|-----------|---------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECOR<br>Effective October 1, 2000                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                       |                               |                              |                  |            | 09/936999                    |                        |           |                     |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                       |                               |                              |                  |            | SMALL ENTITY TYPE            |                        | OR        | OTHER<br>SMALL      |                        |  |
| TOTAL CLAIMS                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                       |                               | क्षेत्रिक् <sub>ष</sub> िक्ष |                  | 1          | RATE                         | FEE                    | 1         | RATE                | FEE                    |  |
| FOR                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           | NUMBER FILED                          |                               | NUMBER EXTRA                 |                  |            | BASIC FEE                    |                        | OR        | BASIC FEE           | 860                    |  |
| TOTAL CHARGEABLE CLAIMS                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           | G min                                 | us 20=                        | •                            |                  |            | XS 9=                        |                        | OR        | X\$18=              |                        |  |
| INDEPENDENT CLAIMS                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           | minus 3 =                             |                               | •                            |                  |            | X40=                         |                        | 1         | V00                 |                        |  |
| MU                                                                                     | LTIPLE DEPEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DENT CLAIM P                              | RESENT                                |                               |                              |                  |            | 106                          |                        | OR        |                     |                        |  |
| • 11                                                                                   | the difference                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | in column 1 is                            | less than zero, enter "0" in column 2 |                               |                              |                  |            | +135=                        |                        | JOR       | +270=               |                        |  |
|                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                       |                               |                              |                  |            | TOTAL                        | · L                    | JOR       | ı                   |                        |  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                       |                               |                              |                  |            | SMAL                         | L ENTITY               | <b>OR</b> | OTHER<br>SMALL      |                        |  |
| NTA                                                                                    | Д                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CLAIMS REMAINING AFTER AMENOMENT          |                                       | HIGH<br>NUMI<br>PREVIO        | ESY<br>BER<br>DUSLY          | PRESENT<br>EXTRA |            | RATE                         | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| AMENDMENT                                                                              | Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | . 14                                      | Minus                                 | <b>Э</b>                      |                              | -/-              |            | X\$ 9=                       |                        | OR        | X\$18=              |                        |  |
| MEN                                                                                    | Independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | . 3                                       | Minus                                 |                               | 3                            | • \              |            | X40=                         | †                      | OR        | X80=                |                        |  |
|                                                                                        | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                           |                                       |                               |                              |                  |            |                              | +                      |           | .070                | 7                      |  |
| Anut                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                       |                               |                              |                  |            | +135≈<br>YOTA                |                        | OR        | +270=               | <del>}</del>           |  |
| <del>&gt;</del> /                                                                      | (1/2)/1/1/ 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-11 102-1 |                                           |                                       |                               |                              |                  |            | ADDIT. FE                    |                        | JOR       | ADDIT, FEE          | +                      |  |
| (Column 1) (Column 2) (Column 3)                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                       |                               |                              |                  |            |                              |                        | 1         |                     | ADDI-                  |  |
| AMENDMENT B                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | REMAINING<br>AFTER<br>AMENDMENT           |                                       | NUM<br>PREVK<br>PAID          | DUSLY                        | PRESENT<br>EXTRA |            | RATE                         | ADDI-<br>TIONAL<br>FEE |           | RATE                | TIONAL<br>FEE          |  |
| NON                                                                                    | Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | . 14                                      | Minus                                 | 9                             | 0_                           | =                | $\coprod$  | _X\$-9=                      | +                      | OR        | X\$18=              |                        |  |
| AME                                                                                    | Independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | . 3                                       | Minus                                 |                               | 3                            | -                | <b>   </b> | X40=                         | 1                      | OR        | X80=                |                        |  |
| L_                                                                                     | MHSI PHESE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NTATION OF MI                             | RIPLE DEF                             | FNUEN                         | CLAIM                        | <u>. U</u>       | L          | +135=                        |                        | OR        | +270=               |                        |  |
|                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                       |                               |                              |                  | 1          | TOTA                         |                        | OR        | TOTAL<br>ADDIT. FEE |                        |  |
|                                                                                        | (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |                                       |                               |                              |                  |            |                              |                        |           | AUU1.76E            |                        |  |
| AMENDMENT C                                                                            | i-<br>et be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENOMENT | er of the second                      | HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>BER<br>OUSLY         | PRESENT<br>EXTRA |            | RATE                         | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| OME                                                                                    | Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4                                         | Minus                                 | **                            | <u> </u>                     | -                | 1          | X\$ 9=                       |                        | 1         | X\$18=              | FEE.                   |  |
| MEN                                                                                    | Independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | •                                         | Minus                                 | •••                           |                              | =                | 1          |                              |                        | OR        |                     | <del> </del>           |  |
| ₹                                                                                      | FIAST PRESE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NTATION OF MI                             | ULTIPLE DEF                           | ENDEN                         | T CLAIM                      |                  | ]          | X40=                         | <del> </del>           | OR        | X80=                |                        |  |
| * If the entry in column it is less than the entry in column 2, write "0" in column 3. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                       |                               |                              |                  |            | +135=                        |                        | OR        | +270=               |                        |  |
| P " !                                                                                  | i De Thghesi Nu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | mber Previously Pa                        | uid For IN THE                        | S SPACE i                     | a less thi                   | m 20, enter 720  | . ,        | TOTA                         |                        | OR        | TOTAL<br>ADDIT, FEE |                        |  |
|                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | mber Previously Pa<br>ber Previously Pa   |                                       |                               |                              |                  |            |                              | •                      | a in c    |                     |                        |  |